

Arizona State Board of Nursing
SCHOOL NURSE RENEWAL INSTRUCTIONS

OTHER FEES:

- All fees may be paid by check or money order and made payable to the Arizona State Board of Nursing.
- **ALL PERSONAL CHECKS MUST BE PRE-PRINTED WITH YOUR NAME AND ADDRESS.**
- All renewals that are returned to the Board because of an incorrect address will be fined \$5.00.
- There is a \$50.00 fee for all checks returned for insufficient funds.
- **ALL FEES ARE NON REFUNDABLE.**

ADDRESS: The **home/primary state of residence** address must be completed if your address is different than the printed address in the shaded box of page one. This address must reflect where you vote, pay taxes or obtain a drivers license. The **mailing** address is optional. A.R.S. § 32-3801 states that a professional's residential address and phone number maintained by a professional board are not available to the public unless that is the only address and number of record. If you give a mailing address, your renewal notice, Newsletter, etc., would be sent to your mailing address.

NAME CHANGE: Pursuant to R4-19-307, a licensee shall notify the Board, in writing, or any legal change in name within 30 days, and submit a copy of the official document verifying the name change (copy of a birth certificate, social security card, diploma from school showing your previous name and a copy of a divorce decree, driver's license or social security card showing new name).

FELONY CONVICTIONS: Pursuant to A.R.S. § 32-1606(B) (17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceeding for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board.

REPORTING OF CRIMINAL CHARGES: Applications for licensure/certification must notify the board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available on www.azbn.gov.

RENEWAL REQUIREMENTS: You must provide official, sealed transcripts or official documents verifying the educational requirements for the renewal level indicated on the front of the renewal application. If you have previously submitted documents that can be used to verify educational requirements for this renewal, you do not need to request or submit duplicate documents.

First Level

(Requirements for School Nurses whose last certification with the Board of Nursing was Initial certification)

Three semester hours in each:

- school nurse practice course
- physical assessment of the school-aged child course
- nursing care of the child with developmental disabilities

Second Level

(Requirements for School Nurses whose last certification with the Board of Nursing was at the First level)

A Bachelor of Science Degree in Nursing

OR

Three semester hours in:

- community health theory
- management theory
- either 3 semester hours of upper division or graduate credit in nursing or health related subjects from a regionally-accredited institution, **or** 45 hours continuing education related to nursing practice

Third Level

(Requirements for School Nurses whose last certification with the Board of Nursing was at the Second or Third level)

Six semester hours of:

- upper division or graduate credit in nursing or health related subjects from a regionally-accredited institution

OR

***Ninety** contact hours of:

- continuing education related to nursing practice

Initial Level and First Level

Certifications are good for three years.

Second Level certification

is valid for six years.

Third Level certification

is valid for six years.

Subsequent renewal is valid for six years.

TIME FRAMES FOR LICENSING: For the purposes of these time frames, the Board is required to process applications for renewal of licensure/certification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding time frames below:

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be licensed.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information or is missing.
Time to respond: **The table below specifies the number of days an applicant has to respond to a deficiency notice.**
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: **The table below specifies the number of days an applicant has to respond to a comprehensive written request.**
- Overall time period: The total number of days from the Board's receipt of an application until the Board determines whether to grant licensure includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

CERTIFICATION TIME FRAMES

Type of Certification	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
WITHOUT INVESTIGATION						
SCHOOL NURSE CERTIFICATION	R4-19-308	150 days	30 days	270 days	120 days	150 days
WITH INVESTIGATION						
SCHOOL NURSE CERTIFICATION	R4-19-308	270 days	30 days	270 days	240 days	150 days

For more information regarding the time frames for certification, consult A.A.C. R4-19-102. For assistance with the application process for certification, **contact Cris Oates at (602) 889-5205**. If you fail to respond to a deficiency notice or comprehensive written request within the applicable time periods, your application will be withdrawn. If you are still interested in obtaining certification, you must submit a new application and applicable fees.

RNs/LPNs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Home Address/Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the *correct* fees made out to Arizona State Board of Nursing
- ☐ You answered **ALL QUESTIONS**, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ **Read the instructions for more details on these reminders. Thank you!**

EXAMINATION APPLICANTS

- ☐ \$263 – **Examination fee** – includes Fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

ENDORSEMENT APPLICANTS

- ☐ \$193 – **Endorsement fee** – includes Fingerprint fee (If requesting a Temporary license, add \$25 for license fee)
- ☐ **Endorsement Applicants**: If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS with ID number.

ADVANCED PRACTICE OR SCHOOL NURSE

- ☐ \$135 – **Nurse Practitioner fee** for each specialty listed on the application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$100 – **Prescribing & Dispensing Authority fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$100 – **Clinical Nurse Specialist fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$50 – **CRNA Prescribing fee** for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$35 – **School Nurse initial** certification fee (Also need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)
- ☐ \$25 – **School Nurse renewal** certification fee
- ☐ \$43 – Fingerprint fee

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		



RENEWAL LEVEL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3									
RENEWAL DUE DATE	<input type="text"/>											
FEE:	\$	<input type="text"/>										
CERTIFICATION #	<input type="text"/>											

PLEASE PRINT YOUR INFORMATION IN ALL CAPITAL LETTERS

APPLICANTS NAME (the name you are currently certified with)

[illegible][illegible][illegible]

3. HOME ADDRESS/PRIMARY STATE OF RESIDENCE (where you vote, pay federal taxes, obtain a drivers license)

Street Address Line 1																													
Street Address Line 2															County of Residence														
City															State					Zip Code									

4.

MAILING ADDRESS ☐ Same Information As Section 3

Street Address Line 1
[Grid]

Street Address Line 2
[Grid]

City [Grid] State [Grid] Zip Code [Grid]

5. HOME PHONE (

)

 -

CELL PHONE (

)

 -

OFFICE USE ONLY

NURSYS Results: Neg Pos Initials _____

SNRA





DISCIPLINARY QUESTIONS



Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

1. Since your certification was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest, or have you been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any felony or undesignated offence?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Since your last renewal, have you had any drug or alcohol related convictions?

☐ No ☐ Yes

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

3. Are you currently under investigation or is disciplinary action pending against your nursing license, certification or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

PLEASE BE ADVISED THAT FAILURE TO PROVIDE THE REQUESTED DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION

Verification by Oath or Affirmation

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicant's Signature

Date

PLEASE NOTE: It takes 2-3 weeks to process your application. Your employer may not be able to verify your renewal if you do not submit the application 2-3 weeks prior to the expiration date. If this application is not postmarked by midnight of the date of expiration, your School Nurse Certification is **expired**. The postmark does not mean that your license has been updated in our system. If your application is not completely filled out or if the fee is incorrect, it will be returned to you and further delay the renewal process.

RETURN TO: **ARIZONA STATE BOARD OF NURSING**
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3653
(602) 889-5150
Our Website: www.azboardofnursing.com

SNRB

